

STATEMENT OF DENIAL CONNECTICUT PARTNERSHIP

Office of the Secretary of the State
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 Rev. 03/01/2001

Space for Office Use Only

Filing Fee: \$75.00

1. NAME OF THE PARTNERSHIP:

2. THE FACT OR FACTS BEING DENIED ARE AS FOLLOWS:

Please reference an 8 1/2 X 11 attachment if additional space is required

EXECUTION BY A PARTNER OR OTHER AUTHORIZED PERSON:

Dated this _____ day of _____, 20_____.

I hereby declare under the penalties of false statement that the statements made in the foregoing document is true.

3. Print or type name of signatory

4. Capacity of signatory

5. Signature